

Medical Certificate

(to be filled in by a registered medical practitioner only)

Participant's Name:

Date of birth:

Address:

Does the participant suffer from any chronic disease like Diabetes Mellitus, Bronchial Asthma, Epilepsy, Heart problems etc? If yes, please mention details.	
Blood pressure reading	
Is the participant under medication of any kind? If yes please mention details.	
Has the participant suffered from any kind of altitude related illness in the past? If yes give details.	
Overall physical fitness	
Blood group	
Any drug allergies	
Any other information related to the health condition of the participant	

I have medically examined Mr /Ms _____
on (Date) _____ and found him/her fit to undergo a trekking expedition
in the high altitudes of Himalayas. As per history and clinical examination he/she is not suffering
from any chronic disease or any other ailments that can be a deterrent to a trekking expedition.

Name of Dr _____ Degree _____ Reg No _____

Signature and Seal

Disclaimer and Declaration (to be filled in by the participant)

The _____ trek route in the Himalayas has its share of risks and dangers, especially in respect to the terrain, weather, high altitude and desolate nature.

Accidents on this trek can cause one to get injured, fall ill, and death too cannot be ruled out.

I hereby declare that my participation in this trek is completely voluntary, and I am fully aware of the risks involved. I will not hold Indiahikes wholly or partly responsible in case of any accident, illness, injury or death on the trek.

Signature and Name of the participant

Place:

Date:

Please include the following:

Name of an emergency contact (family member only):

Phone number of your emergency contact. Mobile:

Landline:

Relationship with emergency contact: